

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048662  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. 4305 Registrar's No. 1-64  
FILED JAN 7 1964

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |
| a. COUNTY<br>McDonald   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>Anderson  | a. STATE<br>Arkansas  | b. COUNTY<br>Washington  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>Hi-Way 71   |  | d. STREET ADDRESS<br>706 N. Leverette St.   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Hazel NMN Black  |  | 4. DATE OF DEATH<br>Month Day Year<br>December 24 1963  |  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>Cauc.  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>                     | 8. DATE OF BIRTH<br>Aug. 31, 1912  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Press Operator   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Laundry  | 9. AGE (last birthday)<br>51   |
| 13a. FATHER'S NAME<br>Charlie C. Wickersham   |  | 13b. MOTHER'S MAIDEN NAME<br>Ruth Walker  | 12. CITIZEN OF WHAT COUNTRY<br>USA   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |  | 17. INFORMANT<br>Mrs. Thelma Doucet   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Accidental Death due to Car Accident</i><br>DUE TO (b) <i>Broken neck, Fractured Skull,</i><br>DUE TO (c) <i>Multiple Fractures, Probably Coronary</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>Sudden</i>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><i>Car hit by Semi Truck Tractor</i>  |  |
| 20c. TIME OF INJURY<br>Hour Minute<br>8:30 p.m.   | Month, Day, Year<br>12-24-63   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><i>Street</i>            | 20f. CITY, TOWN, OR LOCATION<br><i>Anderson Hwy 71</i>  | COUNTY<br><i>McDonald</i>  |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____<br>- Death occurred at _____ 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22. SIGNATURE<br><i>Paul Bradley</i>  | (Degree or title)<br><i>Coroner</i>  | 22b. ADDRESS<br><i>Fayetteville Missouri</i>  | 22c. DATE SIGNED<br><i>1-6-64</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br>12-25-63  | 23c. NAME OF CEMETERY OR CREMATORY<br>Fairview  | 23d. LOCATION (City, town, or county) (State)<br>Fayetteville, Arkansas              |
| 24. FUNERAL DIRECTOR<br>Moore's Chapel Fayetteville, Arkansas   |  | 25. DATE RECD. BY LOCAL REG.<br>1-6-64  | 26. REGISTRAR'S SIGNATURE<br><i>Mary A. Bradley</i>                                  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Morton Larned*  
Licensed Embalmer No. 849

P. O. Address

*Fayetteville, Ark.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal Permit Issued 10-25-63